



# Work Order (Bid Form)

## WORK ORDER INFORMATION

**Work Order Name:** WO/Client 50005DE0054/1

**Work Order Type:** Weatherization

**Audit Name:** Audit DE0054

## CLIENT INFORMATION

**Client Name:**

**Address:**

**Client ID:** Client 50005DE0054

**Alt. Client ID:**

## AGENCY INFORMATION

**Agency:** 50005DE

**Agency Phone:** (901) 476-5226

**Address:** P. O. BOX 634, 915 HWY 51 SOUTH  
COVINGTON, TN 38019

**Fax:** (901) 476-5258

**Email Address:** gloria.v.williams@tn.gov

**Agency Contact:** Treadwell, Dwight

**Work Phone:** (901) 274-8336

**Cell Phone:** (865) 335-4834

**Email Address:**

**Company Name & License Number:** \_\_\_\_\_

**Contractor's Signature:** \_\_\_\_\_

## COMMENT

House built in 1960

Client Name:

Client ID: Client 50005DE0054

Alt. Client ID:

### **Work Order (Bid Form)**

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Report Run On: 5/23/2010

DOE Weatherization Assistant

Version 8.5.0

Page 1 of 4

## Measures

Measure 1 Infiltration Redctn				Components				Inspected	
<b>Comment</b> AIR INFILTRATION MEASURES: 1. Replace Register vent - Bedroom 2. Add Door sweep - Back 3. Replace Broken Panes - W9 4. Add Threshold - Front , back, side 5. Air Seal Plumbing Penetrations 6. Retape connections to supply duct (20 ft) 7. Weatherstrip Doors - Attic Access- Front Back Side								<input type="checkbox"/>	
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Supplies	Infiltration Reduction	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		<input type="text"/>
<b>Field Notes:</b>									

Measure 2 DWH Tank Insulation				Components				Inspected	
<b>Comment</b>								<input type="checkbox"/>	
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	DHW Tank Insulation	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Detail</b>									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Measure Sub Total:</b>						<input type="text"/>	<b>Sub Total:</b>		<input type="text"/>
<b>Field Notes:</b>									

Measure 3 DWH Pipe Insulation				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation	Each	1					
2	Labor	DHW Pipe Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 4 CO Monitor is Needed				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	CO monitor	Each	1					
2	Labor	Labor	Hour	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

**Measure 5 Smoke Detector is Needed****Components****Inspected****Comment**☐

#	Material / Labor	Description / Comment	Units	Qty	Estimated		Actual		
					Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	Smoke detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Other Detail**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Measure Sub Total:****Sub Total:****Field Notes:****Work Order Grand Total:****Grand Total:**

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Page 4 of 4